# Los Arules County Sheriff's Departent Officer Involved Shooting

								aye	<u> </u>
Report Date:	0/04/44		Bureau/Station/Facility:				Admin, Inve	et 2	Hit? ✓
12	2/31/14			Compton Station	on		Admin. mve	ist r	HILY [V]
				Incident Informa	ation				
URN:	014-1	7104-28	14-013	Date:	12/3	1/14	Time	162	24 hours
City or Station:		Com	nton	Nature of Incident:					
Location:	<del></del>	Com	pton	Deputies resp					uspect was
	ompton B	oulevard	, Compton	shot and killed	d when s	she pointed	a handgun a	t her	
			,						
Location Type		Lighting (	check only one):	Incident Type (chec	ck one or n	nore):	Initiated by (che	ck only one)	):
(check one or n	nore).	☐ Darkı	ness	☐ Accidental  ✓ Armed Person		l	Arrest Warra	nt	
Beach		☑ Daylig	•	Fleeing Suspec	t	i	Call		
Business		Other	t Lights	Foot Pursuit		l	Observation One Person	Linit	-
☐ Freeway ☐ Industrial		☐ Stree	t Lights	Gun Take Away  Moving Vehicle	1	i	Other	Onic	
Park			(circle only one):	Sniper/Ambush			Search Warr		
Parking Lot		✓ Clear		Startle		Ĺ	✓ Two Person	Unit	
Residence		Cloud	ly	Struggle Involve	ed		Prior Activity (ch	eck only on	a):
Rural		Rain		Traffic Stop Unarmed Perso	n		Detective		
Street				Unintentional			☐ Inmate Trans ☐ Other	port	
Other:		Distance	:	Vehicle Pursuit			Routine Patro	d	
Total # of Shots Fi	ired by Deput	y Total # of	Shots Fired by Suspect	☐ Warrant Service ☐ Warning Shot	:	H			
16	3		1	Other:			Aero Unit?	/ Car	nine Unit?
				Employee Witne	sses				
Emplovee #	Last	Name	Firs	t Name	M.I.	ShiftTime (checi	k only one): Shift?	ype (check o	nly one):
			arter	Libira	R.	EM PM			ertime 🔲 Off Duty
Employee #	Last	Name Lo	Firs	t Name Mark	M.I. A.	ShiftTime (check		ype ( <i>check o</i> gular \ Ove	
Employee #	Last	Name _	Firs	t Name	M.I.	ShiftTime (check	only one): ShiftT	ype (check	
		ва	rajas	Gilberto	A.	☐ EM 🔽 PM	Day <b>√</b> Re	gular 🗌 Ove	ertime Off Duty
Last Name			No	n-Employee Wit					
Last Name					First P	Name			M.I.
Street Address			Cit		Zip C	Wo	rk Ph	Harris	
Last Name					First N	Name			M.I.
Street Address			City		Zip C	Wa.	de Dis	Н	
Last Name					First N	ame			M.I.
Street Address			Cit		Zip C	ν/ο		Home F	'n
				Supervisors					
Employee #	Last Name		First N		M.I.	(check one or	more):		
		Lopez		Mark	Α.	On Duty			ss to shooting
Employee #	Last Name	<del>-</del>	First N	ame	M.I.	✓ Present du		∐ Involve	ed in shooting
		Carter		Libira	R.	✓ On Duty		☐ Witnes	ss to shooting
		Carter		LIVITA	κ.	☑ Present du	ring shooting		ed in shooting
				Watch Sergea					
Employee #	Last N	lame	Charlete		Fi	rst Name	14-44		W.I.
			Shacklefor				Matthew		D.
E1	1			Watch Comman					
Employee #	Last N	ame	-نمبرا		Fi	rst Name	A		M.I.
			Lucia				Anthony		М

	<b>РВТО ВЫСОМ/</b>	
SH#		

### Officer Involved Shooting

URN:

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			Rollout Informa	tion				
Arrival Date 12/3	1/14	rrival Time 1825 hours	Date Submitted	07/03/17	Date of Recommendation			
Employee #	Last Name	Valen	cia	First Name	Dominic		M.I.	
Employee #	Last Name	Adan	ns	First Name	John		M.I.	D.
Employee #	Last Name	Smit	h	First Name	Jeff		M.I.	
		Shoot	ing / Force Inf	ormation				
Method				Туре	of Injury	Body F	Part In	jured
(AW) Arwen (BC) Baton:(Control) (BI) Baton:(Impact) (BF) Bodily Fluids (CN) Canine (CR) Carotid Restraint (CH) Choke Hold (CT) Control Holds:(CIT) (CONTROL HOLDS:(TIT) (CE) Chemical (CC) Chemical Agents (EX) Explosives (FH) Firearm (Handgu (FR) Firearm (Shotgur (FO) Firearm (Other) (FB) Flashlang (FL) Flashlight (OE) Other Weapon: E	ontrol Technique earn Takedown) akedown) (OC Spray) (Tear Gas)	(OO) Other Weapon (PK) Personal Wes (PS) Personal Wes (PH) Personal Wes (PP) Personal Wes (RS) Resistance (CN) Restraint Dev (RH) Restraint Dev (HB) Restraint Dev (TP) Restraint Dev	n: Blunt Object n: Other apon: Feet/Leg: (Kick apon: Feet/Leg: (Swe apon (Hand/Arm) apon (Push) apon (Other) ice (Capture Net) ice (Handcuffs) ice:Hobble (Legs On ice:Hobble (TARP) ice: REACT Belt	(CP) (CO) (DH) (DI) (DB) (FR) (GS)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious		Abdome Ankle Arm Back Buttock Chest Elbow Face Feet Fingers Genitals Groin Hand Head Hip Internal Knees Leg Neck	s

\ <i>,</i>		(00) 011000 portunito						
Bran	nd	(IV)	Iver Johnson	(RO)	Rossi			
(AK)	AK-47	(JÉ)	Jennings	(SW)	Smith & Wesson			
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger			
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer			
(BW)	Browning	(MA)	Marlin	(ST)	Sterling			
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus			
(CO)	Coit	(NC)	NCI aka SKS	(WÉ)	Weatherby			
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester			
(GL)	Glock	(NO)	Norinco	(US)	US Government			
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)			
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)			
(HK)	H&K	(RG)	RG	(ZZ)	Other Brand			
/IT\	Ithiaa	(DIV	PCI					

(UI	N) Unconsc	ious	(Nr (St		Neck Shoulder		
(RI	M) Refused	used Med Treatment			,	Wrist	
(NI	N) NONE						
Ca	liber						
(9)	9 mm	(24)	.243 cal	iber	(41)	.410 guage	
(10)	10 mm	(25)	.25 calik		(44)	.44 caliber	
(12)	12 guage	(30)	.308 cal	iber	(45)	.45 caliber	
(20)	20 guage	(35)	,357 cal		(50)	50 mm	
(21)	.22-250	(36)	30-60 ca	aliber	(SL)	Slug	
(22)	.22 caliber	(38)	.38 calib	er	(WW)	Other caliber	
(20) (21) (22) (23)	.223 caliber	(40)	.40 calib	er			

FORCE APP	PLIED (one d	ode per block)
, ONOL AL.		oud por broom

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S1	W1	FH	ZZ	45	Y	Ŷ	NN	GR
E1	S1	FH	SW	9	Y	Y	GS	CH
E2	S1	FH	BR	9	Y	Y	GS	
E3	S1	FH	SW	9	Υ	Υ	GS	
					ļ <u>.</u>			
					<del></del>			
						,		

#### Officer Involved Shooting Involved Employee Information

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				Involved	Employee			
E_1_	Employee #	Last Name		Reynoso		First Name	Aaron	M.I.
	Sex: M Race: H	Rank: DSB-1		Unit Assignmen Co	nt: mpton		ent (Unit #, Module, etc 287D	:.):
	ShiftTime (circle only one):  EM PM Day	ShiftType (circle only one): Regular Overtime		Intoxication/Dr	ug Usage?	Substance Use		
	Hospital Admission?	Hospital Name:		Coroner Case	? 🗌	Coroner Case		Interviewed?
	Hrs of sleep prior to shootin 6 Age: Height:		Plain	(circle only one): Clothes no Vest Clothes w/ Vest	Raid Jacket w/ Ves	Other Factors:		
		601 Weight: 230	Raid .	lacket no Vest	Uniform w/ Vest			
	Range Qualification Date:		PPC Qu	alification Date:			Training Date:	
	Certified with Weapon Used?	Patrol Certification?			OM Prior Sho		lumber of Prior Shootings:	Directed Force:
	Diana.	Wesson <sup>Caliber</sup> 9mi	m #S	10ts 4	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp					First Name		M.I.
	Field Training Officer Emp a	Last Name				First Name		M.I.
E 2	Employee #	Last Name		Ortiz		First Name	Jorge	м.і. <b>J.</b>
	Sex: M Race: H	Rank: DSG		Unit Assignmen	mpton	Work Assignme	ent (Unit #, Module, etc 287D	:. <b>)</b> :
	ShiftTime (circle only one):  BM PM Day	ShiftType (circle only one):  Regular Overtime	Off Duty	Intoxication/Dr	ug Usage?	Substance Use	ed:	
	Hospital Admission?	Hospital Name:		Coroner Case	? 🔲	Coroner Case	#	Interviewed?
	Hrs of sleep prior to shootin	g: Duty Time (hrs):	•	(circle only one): Clothes no Vest	Raid Jacket w/ Ves	Other Factors:	tiz was in his 4t	n month of
	Age: Height:	600 Weight: 176	Plain	Clothes w/ Vest acket no Vest	Uniform no Vest Uniform w/ Vest		time of shooting	
	Range Qualification Date:		PPC Qu	alification Date:			Training Date:	
	Certified with Weapor Used?	Patrol Certification?		ition Unit:			Number of Prior Shootings:	Directed Force:
	Diana.	ta 92F <sup>Caliber</sup> 9mi	m # S	nots 2	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp					First Name		M.I.
	Field Training Officer Emp #	ast Name				First Name		M.I.
E_3	Employee #	Last Name		Valencia		First Name	Salvado	
	Sex: M Race:	Rank: DSG		Unit Assignmen	mpton		ent (Unit #, Module, etc 283T1	i.):
	ShiftTime (circle only one):  BM PM Day	ShiftType (circle only one):  Regular Overtime		Intoxication/Dr	ug Usage?	Substance Use	ed:	
	Hospital Admission?	Hospital Name:		Coroner Case	? 🔲	Coroner Case	#	Interviewed?
	Hrs of sleep prior to shootin	g: Duty Time (hrs):		(circle only one): Clothes no Vest	Raid Jacket w/ Ves	Other Factors:		• • • • • • • • • • • • • • • • • • • •
	Age: Height:	505 Weight: 152		Clothes w/ Vest lacket no Vest	Uniform no Vest ✓ Uniform w/ Vest			
	Range Qualification Date:		PPC Qu	alification Date:			Training Date:	
	Certified with Weapon Used?	Patrol Certification?			OM		lumber of Prior shootings:	Directed Force:
	Diana.	Wesson Caliber 9mi	m #S	hots 10	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp					First Name		M.I.
	Field Training Officer Emp #	Last Name				First Name		M.I.

### Officer Involved Shooting Suspect Information

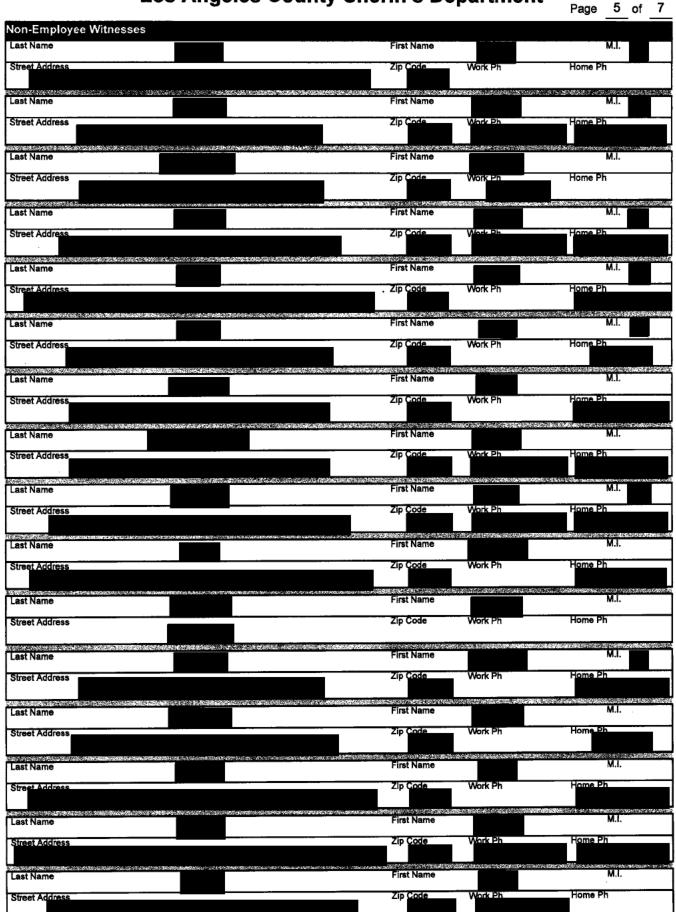
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		S	uspecti	nformation		
s	Last Name	Cornejo	· · · · · · · · · · · · · · · · · · ·	First Name	Mayra	M.I. S.
	AKA Last Name			First Name		M.I.
		Street Address:		04.	94	Zip Codo
	Sex: F Race: H		Oracial Orac	City		. 2.10
	Work Phone	Home Phone:	Social Sec	u	Driver's Lice	
	Age: 34 D.O.B. 06/12/80	Height: 502 Weight: 180	FBI#		CII#	
	Booking # N.I.C	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case # 2014-08907		Intoxication/Drug Usage?	Substance Used:	
	Armed? ✓	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make	Chevrolet		Model: Tahoe	Year: 2001	
s	Last Name			First Name		M.l.
۳	AKA Last Name			First Name		M.I.
	Sex: Race:	Street Address:		City	Sta	ite & Zip Code:
	Work Phone:	Home Phone:	Social Sec	urity#:	Driver's License #:	
	Age: D.O.B.	Height: Weight:	FBI#		CII#	
	Booking #	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
	· · · · · · · · · · · · · · · · · · ·					
	Vehicle Make	I '		Model:	Year:	
	Vehicle Make					M.I.
s	Vehicle Make  Last Name	hand		First Name		
s	Vehicle Make				Year:	M.I.
s	Vehicle Make  Last Name	Sireet Address:		First Name First Name City	Year:	
S	Vehicle Make  Last Name  AKA Last Name	hanned.	Social Sec	First Name First Name City	Year:	M.I.
S	Vehicle Make  Last Name  AKA Last Name  Sex: Race:	Street Address:	Social Sec	First Name First Name City	Year:	M.I.
S	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Street Address: Home Phone:		First Name First Name City	Year: Sta	M.I.
S	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Street Address: Home Phone: Height: Weight:		First Name First Name City	Year: Sta	M.I.
S	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Street Address: Home Phone: Height: Weight: Primary Charge:		First Name First Name City surity #: Secondary Charge:	Year: Sta Driver's License #: Cll #	M.I.
S	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #		First Name  First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?	Year: Sta Driver's License #: Cll # Substance Used:	M.I.
	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #		First Name  First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?	Year:  Sta  Driver's License #:  CII #  Substance Used:  Criminal History?	M.I.
S	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #		First Name First Name City urity #:  Secondary Charge: Intoxication/Drug Usage?  Mental Illness?  Model:	Year:  Sta  Driver's License #:  CII #  Substance Used:  Criminal History?	M.I.
	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #		First Name  First Name  City  surity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name	Year:  Sta  Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I.
	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name	Street Address:  Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?		First Name  First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City	Year:  Sta  Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I.  M.I.  M.I.
	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:	Street Address:  Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	FBI#	First Name  First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City	Year:  Sta  Driver's License #:  CII #  Substance Used:  Criminal History?  Year:	M.I.  M.I.  M.I.
	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	FBI #	First Name  First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City	Year:  Sta  Driver's License #:  Cll #  Substance Used:  Criminal History?  Year:  Sta  Driver's License #:	M.I.  M.I.  M.I.
	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?  Street Address: Home Phone: Height: Weight:	FBI #	First Name  First Name  City  surity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  surity #:	Year:  Sta  Driver's License #:  Cll #  Substance Used:  Criminal History?  Year:  Sta  Driver's License #:	M.I.  M.I.  M.I.
	Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?  Street Address: Home Phone: Height: Weight: Primary Charge:	FBI #	First Name  City  urity #:  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Model:  First Name  First Name  City  curity #:	Year:  Sta  Driver's License #:  CII #  Substance Used:  Criminal History?  Year:  Sta  Driver's License #:  CII #	M.I.  M.I.  M.I.

### SUPPLEMENTAL NON-EMPLOYEE WITNESSES Los Angeles County Sheriff's Department



## SUPPLEMENTAL EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

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Employee Witnes	265			Page 0 or _
Last Name	Martinez	First Name	Isidro	M.I.
Street Address	Compton Station	Zip Code	Work Ph (310) 605-6500	Home Ph
Last Name	Hoyos	First Name	Daniel	M.I.
Street Address	Marina del Rey Station	Zip Code	Work Ph (310) 482-6000	Home Ph
Last Name		First Name	Roland	M.I.
Street Address	Aero Bureau	Zip Code	Work Ph (562) 421-2701	Home Ph
Last Name	Rangel	First Name	Luis	M.I.
Street Address	Compton Station	Zip Code	Work Ph (310) 605-6500	Home Ph
Last Name	· · · · · · · · · · · · · · · · · · ·	First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name	for the second s	First Name	4.07.08.9.1.0	M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name	Helbing	First Name	Russell	M.I.
Street Address	Aero Bureau	Zip Code	Work Ph (562) 421-2701	Home Ph
ast Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address	,	Zip Code	Work Ph	Home Ph
ast Name	redetados en los estados estados estados redetados de la estado en los estados en en entre en entre en entre e	First Name	California (Section 1971)	M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name	e Kristinia (1996) e keri Militania (1996) e keri Albania (1996) e keri Albania (1996) e keri Albania (1996) e	First Name	t transcribe of property above	M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name	1, gas g	M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name	A CONTRACTOR OF THE CONTRACTOR	First Name	in the same of the same of the same	M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name	A TOUR OF THE PARTY OF THE PART	First Name	and process of the second	M.I.
Street Address		Zip Code	Work Ph	Home Ph

## SUPPLEMENTAL NON-EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

Non-Employee Witnesses M.I. Last Name First Name Street Addre Work Ph Zip Code M.I. Last Name First Name Street Addres Work Ph Zip Code M.I. Last Name First Name ome Ph Street Addre Zip C Work Ph M.I. First Name Last Name Zip Code Street Address Work Ph M.I. Last Name First Name Zip Code Work Ph Home Ph Street Address First Name Last Name Zip Code Work Ph Home Ph Street Address M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. First Name Last Name Zip Code Work Ph Home Ph Street Address M.I. First Name Last Name Zip Code Work Ph Home Ph Street Address Acessesses M.J. First Name Last Name Street Address Zip Code Work Ph Home Ph Last Name First Name Home Ph Zip Code Work Ph Street Address First Name M.I. Last Name Work Ph Home Ph Zip Code Street Address Last Name First Name Zip Code Work Ph Home Ph Street Address Last Name First Name Zip Code Work Ph Home Ph Street Address M.I. First Name Last Name Home Ph Zip Code Work Ph Street Address Last Name First Name Zip Code Work Ph Home Ph Street Address